

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010061

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 25 1963

Primary Registration District No. 6154

Registrar's No. 2

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY Stoddard	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard		
1 1030	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland Twp.	Length of stay in 1b life	c. CITY OR TOWN Essex	
2 1030		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Essex, Mo. R. 1	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rfd. 1	
3		3. NAME OF DECEASED (Type or print) First Middle Last Michael Anthony Holloway		4. DATE OF DEATH Month Day Year Feb. 18, 1963	
4 2		5. SEX male	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1963
5 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY infant	9. AGE (last birthday) Months Days Hours Min. 1 14 0 0
6		11. BIRTHPLACE (City and state or country) Essex, Mo. R. 1		12. CITIZEN OF WHAT COUNTRY U.S.A.	
7 0		13a. FATHER'S NAME Tommy Holloway		13b. MOTHER'S MAIDEN NAME Ora Lee Clark	
8 0		14. NAME OF HUSBAND OR WIFE single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no X X X X X X X	
9 9955		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Tommy Holloway Essex, Mo. R. 1	
10		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No medical attendant		INTERVAL BETWEEN ONSET AND DEATH	
11		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Investigation made by coroner and no evidence of foul play found.			
12 90-8		DUE TO (c)			
13 1-0		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
	20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
	21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 4 A.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				
	22a. SIGNATURE (Degree or title) Dennis S. Leggett Local Registrar	22b. ADDRESS Bloomfield, Mo.	22c. DATE SIGNED 2-18-63		
	23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-18-63	23c. NAME OF CEMETERY OR CREMATORY Broadwater Cemetery	23d. LOCATION (City, town, or county) (State) Malden, Mo. Rural	
	24. FUNERAL DIRECTOR Watkins & Sons	ADDRESS Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 2-19-63	26. REGISTRAR'S SIGNATURE Dennis S. Leggett	

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Was Not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marck Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.